Complete Summary

TITLE

Foreign object retention: percentage of unintentionally retained foreign objects during labor and delivery.

SOURCE(S)

Institute for Clinical Systems Improvement (ICSI). Prevention of unintentionally retained foreign objects during vaginal deliveries. Health care protocol. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2008 Sep. 30 p.

Measure Domain

PRIMARY MEASURE DOMAIN

Outcome

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the Measure Validity page.

SECONDARY MEASURE DOMAIN

Does not apply to this measure

Brief Abstract

DESCRIPTION

This measure is used to assess the percentage of unintentionally retained foreign objects during labor and delivery.

RATIONALE

The priority aim addressed by this measure is to eliminate unintentionally retained foreign objects following a vaginal delivery.

PRIMARY CLINICAL COMPONENT

Vaginal delivery; unintentionally retained foreign objects; prevention

DENOMINATOR DESCRIPTION

Total number of vaginal deliveries* per month

*Vaginal delivery is defined as at the end of the immediate recovery period (one to two hours) for vaginal deliveries.

NUMERATOR DESCRIPTION

Number of unintentionally retained foreign objects* in labor and delivery

*Any object unintentionally retained after the immediate recovery period (one to two hours) following a vaginal delivery.

Evidence Supporting the Measure

EVIDENCE SUPPORTING THE CRITERION OF QUALITY

 A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Unspecified

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

Internal quality improvement

Application of Measure in its Current Use

CARE SETTING

Hospitals

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Advanced Practice Nurses Physicians

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Single Health Care Delivery Organizations

TARGET POPULATION AGE

Women of childbearing age

TARGET POPULATION GENDER

Female (only)

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

In the first four reporting periods (June 2003-October 2007), the Minnesota Department of Health's Adverse Health Events Report showed 239 surgical events with 124 of those (52%) involving unintentionally retained foreign objects. There was one death reported. For the first three quarters of 2006, the Minnesota Department of Health's Adverse Health Events Report showed sponges or gauze used during vaginal deliveries are retained more often than all the other types of unintentionally retained objects combined.

EVIDENCE FOR INCIDENCE/PREVALENCE

Institute for Clinical Systems Improvement (ICSI). Prevention of unintentionally retained foreign objects during vaginal deliveries. Health care protocol. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2008 Sep. 30 p.

ASSOCIATION WITH VULNERABLE POPULATIONS

Unspecified

BURDEN OF ILLNESS

See the "Incidence/Prevalence" field.

UTILIZATION

Unspecified

COSTS

Unspecified

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

Staying Healthy

IOM DOMAIN

Effectiveness Safety

Data Collection for the Measure

CASE FINDING

Users of care only

DESCRIPTION OF CASE FINDING

Patients of all ages who have a vaginal delivery

- Event data reported through an incident report or sentinel event report.
- Total deliveries can be collected through a unit log or hospital billing.
- Retrospective collection of any measures associated with documentation can be done by randomly sampling patient charts.
- Concurrent collection will need to be done through direct observation either by a quality/safety advocate or "secret shopper," defined as someone who has a dual function on the team but the observation and measurement function is not known.
- A sample size of 25 per month is recommended. If less than 25 vaginal deliveries per month, use the total number.
- The suggested time period is a calendar month, but three months could be consolidated into quarterly data points, as well, if caseload and/or event numbers are small.

Note: Retained foreign objects found in the clinic need to be reported to the hospital where the patient delivered. It is the responsibility of the hospital to report an event to the state and to perform a root cause analysis.

DENOMINATOR SAMPLING FRAME

Patients associated with provider

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions

Total number of vaginal deliveries* per month

^{*}Vaginal delivery is defined as at the end of the immediate recovery period (one to two hours) for vaginal deliveries.

Exclusions

Unspecified

RELATIONSHIP OF DENOMINATOR TO NUMERATOR

All cases in the denominator are equally eligible to appear in the numerator

DENOMINATOR (INDEX) EVENT

Clinical Condition
Therapeutic Intervention

DENOMINATOR TIME WINDOW

Time window is a fixed period of time

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions

Number of unintentionally retained foreign objects* in labor and delivery

*Any object unintentionally retained after the immediate recovery period (one to two hours) following a vaginal delivery.

Exclusions

Unspecified

MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

NUMERATOR TIME WINDOW

Fixed time period

DATA SOURCE

Administrative data Medical record

LEVEL OF DETERMINATION OF QUALITY

Not Individual Case

OUTCOME TYPE

Adverse Outcome

PRE-EXISTING INSTRUMENT USED

Unspecified

Computation of the Measure

SCORING

Rate

INTERPRETATION OF SCORE

Better quality is associated with a lower score

ALLOWANCE FOR PATIENT FACTORS

Unspecified

STANDARD OF COMPARISON

Internal time comparison

Evaluation of Measure Properties

EXTENT OF MEASURE TESTING

Unspecified

Identifying Information

ORIGINAL TITLE

Rate of unintentionally retained foreign objects during labor and delivery.

MEASURE COLLECTION

Prevention of Unintentionally Retained Foreign Objects During Vaginal Deliveries

DEVELOPER

Institute for Clinical Systems Improvement

FUNDING SOURCE(S)

The following Minnesota health plans provide direct financial support: Blue Cross and Blue Shield of Minnesota, HealthPartners, Medica, Metropolitan Health Plan, PreferredOne and UCare Minnesota. In-kind support is provided by the Institute for Clinical Systems Improvement's (ICSI) members.

COMPOSITION OF THE GROUP THAT DEVELOPED THE MEASURE

Work Group Members: Stephanie Lach, RN, MSN, MBA (Work Group Leader) (HealthPartners Regions Hospital) (Patient Safety & Quality); Kathleen Harder, PhD (University of Minnesota) (Human Factors Content Consultant); Carol Clark, RN, MSN (Fairview Health Services) (Nursing); Peg McCoy, RN, BSN (HealthEast Care System) (Nursing); Julie Thompson Larson, RN, BSN, MS (HealthPartners Regions Hospital) (Nursing); Becky Walkes, RN (Mayo Clinic) (Nursing); Cherida McCall, CNM (HealthPartners Medical Group) (Nursing Midwife); Douglas Creedon, MD, PhD (Mayo Clinic) (OB/GYN); Jeffery Raines, MD (Columbia Park Medical Group) (OB/GYN); Nancy Jaeckels (Institute for Clinical Systems Improvement) (Measurement and Implementation Advisor); Janet Jorgenson-Rathke, PT (Institute for Clinical Systems Improvement) (Measurement and Implementation Advisor); Joann Foreman, RN (Institute for Clinical Systems Improvement) (Facilitator); Cally Vinz, RN (Institute for Clinical Systems Improvement) (Facilitator)

FINANCIAL DISCLOSURES/OTHER POTENTIAL CONFLICTS OF INTEREST

ICSI has adopted a policy of transparency, disclosing potential conflict and competing interests of all individuals who participate in the development, revision and approval of ICSI documents (guidelines, order sets and protocols). This applies to all work groups (guidelines, order sets and protocols) and committees (Committee on Evidence-Based Practice, Cardiovascular Steering Committee, Women's Health Steering Committee, Preventive & Health Maintenance Steering Committee and Respiratory Steering Committee).

Participants must disclose any potential conflict and competing interests they or their dependents (spouse, dependent children, or others claimed as dependents) may have with any organization with commercial, proprietary, or political interests relevant to the topics covered by ICSI documents. Such disclosures will be shared with all individuals who prepare, review and approve ICSI documents.

No work group members have potential conflicts of interest to disclose.

ADAPTATION

Measure was not adapted from another source.

RELEASE DATE

2008 Sep

MEASURE STATUS

This is the current release of the measure.

SOURCE(S)

Institute for Clinical Systems Improvement (ICSI). Prevention of unintentionally retained foreign objects during vaginal deliveries. Health care protocol.

Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2008 Sep. 30 p.

MEASURE AVAILABILITY

The individual measure, "Rate of Unintentionally Retained Foreign Objects During Labor and Delivery," is published in "Health Care Protocol: Prevention of Unintentionally Retained Foreign Objects During Vaginal Deliveries." This document is available from the <u>Institute for Clinical Systems Improvement (ICSI)</u> Web site.

For more information, contact ICSI at, 8009 34th Avenue South, Suite 1200, Bloomington, MN 55425; phone: 952-814-7060; fax: 952-858-9675; Web site: www.icsi.org; e-mail: icsi.info@icsi.org.

NQMC STATUS

This NQMC summary was completed by ECRI Institute on June 5, 2009.

COPYRIGHT STATEMENT

This NQMC summary (abstracted Institute for Clinical Systems Improvement [ICSI] Measure) is based on the original measure, which is subject to the measure developer's copyright restrictions.

The abstracted ICSI Measures contained in this Web site may be downloaded by any individual or organization. If the abstracted ICSI Measures are downloaded by an individual, the individual may not distribute copies to third parties.

If the abstracted ICSI Measures are downloaded by an organization, copies may be distributed to the organization's employees but may not be distributed outside of the organization without the prior written consent of the Institute for Clinical Systems Improvement, Inc.

All other copyright rights in the abstracted ICSI Measures are reserved by the Institute for Clinical Systems Improvement, Inc. The Institute for Clinical Systems Improvement, Inc. assumes no liability for any adaptations or revisions or modifications made to the abstracts of the ICSI Measures.

Disclaimer

NQMC DISCLAIMER

The National Quality Measures Clearinghouse™ (NQMC) does not develop, produce, approve, or endorse the measures represented on this site.

All measures summarized by NQMC and hosted on our site are produced under the auspices of medical specialty societies, relevant professional associations, public and private organizations, other government agencies, health care organizations or plans, individuals, and similar entities. Measures represented on the NQMC Web site are submitted by measure developers, and are screened solely to determine that they meet the NQMC Inclusion Criteria which may be found at

http://www.qualitymeasures.ahrq.gov/about/inclusion.aspx.

NQMC, AHRQ, and its contractor ECRI Institute make no warranties concerning the content or its reliability and/or validity of the quality measures and related materials represented on this site. The inclusion or hosting of measures in NQMC may not be used for advertising or commercial endorsement purposes.

Readers with questions regarding measure content are directed to contact the measure developer.

Copyright/Permission Requests

Date Modified: 8/10/2009

